

## *Appendix 7 - Office Visit Prep Questions*

Spend time answering these questions in preparation of your (first) visit with your providers. Be as complete as possible.

1. Where is your pain located? Be as specific as possible. Use any of the applicable descriptors found in *Appendix 5, Pain Descriptors*.
2. Does the pain stay in one place or does the pain radiate to other parts of my body?
3. Does anything that I do trigger my pain?
4. What is the onset of my pain, sudden or gradual?
5. What is the level of my pain at the moment on a scale from one to ten?
6. What is the worst my pain has been?
7. What am I doing to manage my pain?
8. How has the pain affected my quality of life?

9. What activities have I given up because of my pain?
  
10. What other medical conditions do I have? What type of medication(s) am I taking to help manage those other conditions?
  
11. How have I reacted to pain medication in the past? If there was a reaction, what medication caused it?
  
12. Which other pain medications might my doctor recommend? What are the side effects?
  
13. What if I am unwilling to take any further medications? What other options are available to me?
  
14. Am I willing to use alternative treatments to help manage my pain?
  
15. What are my goals with pain management?
  
16. In an ideal world, what would my life look like?